

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/583215**

FILING DATE

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1						51						
2			1		1		52						
3			1		1		53						
4		3			1		54						
5		3			4		55						
6		3			8		56						
7		3			7		57						
8		3			1		58						
9		10			1		59						
10		10			1		60						
11		10			1		61						
12		10			1		62						
13		1			1		63						
14		1			1		64						
15		1			1		65						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			14		14								
TOTAL DEP.			9		9								
TOTAL CLAIMS			13		13								